

# EDUCATION SCHEDULE VERIFICATION

Student Name: \_\_\_\_\_ ELRC Record Number: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY**

Name of the School District: \_\_\_\_\_

Name of the school student is attending: \_\_\_\_\_

Grade in school: \_\_\_\_\_ First day of enrollment: \_\_\_\_\_

First day of enrollment for the current year: \_\_\_\_\_ Last day of enrollment for the current year: \_\_\_\_\_

Attending school:     Part-time                       Full-time

Anticipated completion/graduation date: \_\_\_\_\_

Type of program:     Elementary             Middle School             High School             GED Program

## Current Schedule of Classes:

If class schedule is consistent, complete week one only.  
If class schedule varies, complete all four weeks.

**WEEK ONE:**                      Date : \_\_\_\_\_

Monday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday        from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK TWO:**                      Date : \_\_\_\_\_

Monday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday        from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK THREE:**                      Date : \_\_\_\_\_

Monday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday        from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK FOUR:**                      Date : \_\_\_\_\_

Monday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday        from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday            from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday                from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

### Student's address on file at school:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### SCHOOL SEAL OR STAMP

# SUBSIDIZED CHILD CARE EDUCATION VERIFICATION

Dear Education Administrator:

One of your students has requested assistance with child care costs to continue his/her education. We must verify the student's enrollment and schedule in your educational program. This information will help us determine your student's eligibility for subsidized child care.

We must have an accurate record of your student's schedule. This form has been provided for this purpose. When completed by you, this form will satisfy our need for this information per regulations. It is very important that the hours shown are specific and defined as either AM or PM (e.g. 7:30 AM - 3:30 PM).

Thank you for your time and assistance. If you have any questions about the program or regarding how to complete the Education Verification form, please contact the Early Learning Resource Center below.

**Early Learning Resource Center - Region 16  
Community Services for Children, Inc.  
333 N. Oxford Valley Rd.  
Suite 402 - 403  
Fairless Hills, PA 19030  
Phone:215-486-2524 | Fax:267-202-6517  
[ELRC16@cscinc.org](mailto:ELRC16@cscinc.org)**

An **authorized school representative** (not the student) **MUST** complete the areas on the front and back of this Education Verification form.

**I hereby verify that I am an authorized representative and attest that the information on this form is true and correct.**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Title

## For the Student:

**I hereby authorize and request the disclosure to the Early Learning Resource Center all information contained in this form to verify and assess my eligibility for the Subsidized Child Care Program.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your Name